

**Iowa CACFP Child Care Center Parent/ Guardian Letter - Non-pricing (front) Rev. 7/10**

**Purpose:** The attached Iowa Eligibility Application is used to determine eligibility for free and reduced price meal reimbursement. The instructions for completion are on the back of this letter.

Instructions to centers: Choose Form A if you are a non-pricing center and do not have a separate charge for meals. Copy this letter (front and back) and staple to each application that is distributed to families of enrolled participants.

Dear Parent or Guardian:

This center participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture. Participants are not charged separately for meals. However, by participating in this Program, the center receives partial reimbursement for nutritious meals served to children. The amount of reimbursement the center receives is determined by the information you provide. Higher reimbursement will be given to the center for meals served to enrolled children from families whose income is at or below the level shown in the chart below. Please read the instructions on the back, complete, sign and return the attached income application as soon as possible. An application that does not contain all required information cannot be used by the center. If required information is missing, free or reduced-price meal benefits will be denied. Call your center if you need help with the form. The information reported on this form will be filed and treated as confidential.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. See instructions on the back for more information.

If you do not now qualify to receive free or reduced price meals, you may apply for benefits at any time during the year. If you are not eligible now and later have a decrease in household income, become unemployed, have an increase in family size or have enrolled children that become eligible for food assistance or FIP, you may fill out an application at that time.

**Income Eligibility Guidelines for Reduced Price Meals  
Effective 7-1-2010**

Household Size	Reduced Price Meals				
	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member add:	+6,919	+577	+289	+267	+134

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or if you list a Food Assistance number, or Family Investment Program number, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## Instructions for Completing Iowa Eligibility Application

**Complete both sides of an application for each household. Each foster child is a household of one.**

**Part 1. All applicants should complete this part.** This application may be used to apply for benefits in school meals or milk programs, children's care centers and home based care for children. Check all boxes that apply to your family. You may make copies of a completed application for each program in which your child participates.

If any household member receives **FIP or FOOD ASSISTANCE**, or your child is in **Head Start or Even Start**, follow these instructions.

**Part 2.** If **any** household member receives FIP or Food Assistance list the name of the household member and the FIP or Food Assistance **Case Number** in the area provided. List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. List one FIP or Food Assistance Case Number per household. **Use the Case Number listed in the Notice of Decision.** Eligibility based on Head Start or Even Start is available only if your child is enrolled in Head Start and documentation from the Head Start agency is provided. **NOTE: Medicaid, Title XIX, FIP card number and EBT card numbers are not acceptable.** Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**Part 3.** Skip this section.

**Part 4.** Read the certification and fill in all the blanks in this section.

If applying for a **FOSTER CHILD**, follow these instructions. A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court, and is considered a household of one.

**Part 1. Check the box for foster child.**

**Part 2.** List the child's name, date of birth, grade (if applicable), name of school/Head Start/child care center attended. Use one application for each foster child. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**Part 3.** Complete this section only if the child receives money for personal use or has other regular personal income. If the child has no income, check the box indicating no income. A Social Security Number is not required. **DO NOT** include the stipend received by the foster family to provide care to the child.

**Part 4.** Read the certification and fill in all the blanks in this section.

**ALL OTHER HOUSEHOLDS**, including WIC households, follow these instructions.

**Part 2.** List the name, date of birth, grade (if applicable), name of school/Head Start/child care center attended for each child in your household. Provide ethnic and racial information if you choose, but the school/Head Start/child care will make the determination of your child's ethnic and racial status if you do not fill this section in.

**Part 3.** Follow these instructions to report total household income from last month.

**Name:** List the last and first names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

**Age:** List the age of each household member.

**Check if No Income:** Put a mark in the box if the household member **does not** have an income.

**Gross Income last month and how it was received:** Report the amount of income received in the appropriate Gross Income column (weekly, every 2 weeks, twice monthly, **or** monthly). List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average income.

**Other Monthly Payments or Income:** List the amount each person got last month from welfare, child support, alimony, adoption subsidies, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). In the **All Other Income Last Month** column, include Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, investments or trusts, interest and **ANY OTHER INCOME.** Use the Self-Employment Income Worksheet on the back of the application to calculate net income for self-owned businesses, farm, or rental income and report in the All Other Income Last Month column. **Do not report:** Scholarships, educational benefits, lump sum payments, combat pay or children's incidental income from occasional activities such as babysitting, shoveling snow, or cutting grass. If you are in the Military Housing Privatization Initiative or get combat pay do not include these allowances.

**Social Security Number:** If the application is being made on the basis of income, the adult signing the form must also list his or her Social Security number or mark the "I do not have a Social Security number" box. If you do not provide your Social Security number or mark the box, your application cannot be processed.

**Part 4.** Read the certification and fill in all the blanks in this section.

## Instructions for School Officials, Special Milk Programs, Home Sponsors, Child Care and Head Start Centers

The **Determining Official** will review Parts 1-4 of the application and then complete Part 5. Use these guidelines to make decisions for Part 5.

### IMPORTANT NOTE

APPLICANTS ARE RESPONSIBLE FOR COMPLETING THEIR OWN APPLICATIONS. While schools, home sponsors and child care centers are expected to provide support and assistance, the applicants themselves should complete as much of the application as they are able. We are encouraging parents to complete one application and provide copies of the same application to all Child Nutrition Programs in which their children participate. Child Nutrition Programs may share eligibility information among themselves. We encourage programs to develop cooperative relationships among other Child Nutrition Programs to maximize the number of eligible children receiving benefits.

Note that not all check boxes in Part 5 are applicable to all programs.

### **EXTENSION OF CATEGORICAL ELIGIBILITY IN HOUSEHOLDS RECEIVING FIP OR FOOD ASSISTANCE**

If **any** person currently receiving FIP or Food Assistance benefits or is identified under direct certification, free meal eligibility extends to anyone in the household who participates in any Child Nutrition Program. The agency approving the application is responsible to maintain documentation sufficient to demonstrate eligibility.

### **YEARLONG ELIGIBILITY**

Households are NOT required to report changes in income, household size or eligibility for Food Assistance or FIP. Once properly approved for free or reduced price benefits, a household will remain eligible for the entire year. For home sponsors, child care and Head Start centers, the new year starts on October 1. For schools, the year is the current school year plus the first 30 operating days of the following year. Households may apply or reapply at any time. Yearlong eligibility does not apply to households given temporary approval. See below regarding temporary approvals.

### **CATEGORICAL ELIGIBILITY FOR CHILDREN ENROLLED IN HEAD START**

Children enrolled in Head Start programs are automatically eligible for free meals and remain eligible for the entire year. Eligibility for free meals is granted **ONLY** to children enrolled in Head Start; their siblings are NOT automatically granted free meal status and must qualify for benefits based on income, receipt of FIP or Food Assistance benefits, or migrant/homeless/runaway status. Head Start children are included as members of their households for income-based determinations. Documentation of Head Start enrollment must be provided by the Head Start agency, which may include an approved application, a letter of enrollment or a list of enrolled students.

**Ethnic and Racial Information:** Child Nutrition Programs must collect and maintain data regarding the ethnic and racial characteristics of the children who are receiving benefits. Households may self-identify ethnic and racial information for children in Part 2. Child Nutrition Programs must make a visual determination of the ethnic and racial characteristics for any person who has not self identified.

**Income:** The Determining Official will fill in this portion of Part 5 when a household completes Part 3 – Total Household Gross Income. The Determining Official will record the total amount of income, income frequency and household size. Determining Officials are encouraged to use the current ICAVES tool, available in the Form Download section of CNP2000.

- If household income is reported with only one frequency (such as all weekly or all monthly), compare the sum of the incomes to the income eligibility chart for that frequency. Check the appropriate box and fill in the blank with the sum of the incomes.
- If a household reports income in more than one frequency (such as one income weekly and another monthly), convert all income to annual by using the conversion factors. **DO NOT ROUND THE CONVERSIONS.** Compare the sum of the annualized incomes to the income eligibility chart for annual income. Check the “annually” box and fill in the blank with the sum of the annualized incomes.
- Check the appropriate box under Application Approved (“income”) or Application Denied (“over income limits”). If the household qualifies, check the appropriate box under Eligibility Determination, sign and date the application.

**Tier 1 Income or Tier 1 Area:** NOTE: THIS APPLIES TO HOME SPONSORS ONLY. Documentation must be maintained by the Home Sponsor to demonstrate providers’ Tier 1 eligibility by income (proof of income) or area (map). Tier 1 area eligible providers who wish to claim their own children must submit an application but **MAY NOT** be required to submit proof of income.

**Tier 1 Eligibility of Non-Residential Children Enrolled in Tier 2 Mixed Homes:** NOTE: THIS APPLIES TO PARENTS WHOSE CHILDREN RECEIVE CARE AT AN IN-HOME CARE SETTING. Eligibility is based on income, FIP or Food Assistance information on an Iowa Eligibility Application or a letter of direct certification.

**FIP or Food Assistance:** The Determining Official will mark the FIP/Food Assistance checkbox when a household completes Part 2 with a FIP or Food Assistance case number. **NOTE: THE NUMBER ON THE EBT/DEBIT CARD OR FIP CARD IS NOT THE CASE NUMBER.** The case number is 10 characters and is on the Notice of Decision. In many situations, the household can get the case number by calling the DHS. Households making application based on participation in FIP or Food Assistance programs but failing to provide a valid case number must be denied and the check box “incomplete” marked. When approved, the Determining Official will check the FIP/Food Assistance box, check the appropriate Eligibility Determination box, sign and date the application. **A FIP or Food Assistance number for any household member qualifies all household members for free meal benefits if they participate in any Child Nutrition Program.**

**Foster Child Household:** The adult completing the application will mark the checkbox for a foster child in Part 1. Each foster child is considered a household of one and should be on a separate application. Money available to foster children for their own use, including income earned by the child and funds specifically provided for the child’s personal use, must be reported as income. In very rare circumstances a foster child may have income too high to qualify. Stipends provided to foster families for the care of foster children are NOT income and are not reported on either the foster child’s application or the foster household’s application. Foster children may not be counted in the household of the foster family. When approved, the Determining Official will mark the “foster” checkbox when a child is in a foster placement and qualifies based on household income. The Determining Official will complete the Approval and Eligibility Determination, sign and date the application.

**Temporary Approval:** When a household reports zero income, Temporary Approval for free meals may be granted. The Determining Official will mark the Temporary Approval checkbox and record the date the temporary approval will expire. For SCHOOLS, no more than 45 days for a temporary approval time limit is recommended. For CACFP, USDA sets a required maximum of 45 days for the temporary approval. At the end of each approval period, the school/center/home sponsor should contact the household to determine if the household’s circumstances have changed. The contact should be documented. A new application must be collected ONLY IF THE HOUSEHOLD’S CIRCUMSTANCES HAVE CHANGED AND THEY NOW RECIEVE FIP OR FOOD ASSISTANCE OR HAVE AN INCOME. If the household continues without income, the temporary approval period may be extended. See the Eligibility Guidance for School Meals Manual, Eligibility Guidance for Family Day Care Homes, or the CACFP *Steps to Success* manual for additional information. If the Temporary Approval expires without an extension or the completion of another application, the children must be changed to paid status.

**Homeless/Migrant/Runaway Child:** NOTE: THIS APPLIES TO SCHOOLS ONLY. Students determined to be homeless, migrant or runaway by the appropriate officials are not required to complete an application. Documentation of homeless, migrant or runaway status may be a letter or list of all students meeting criteria. If an application is completed, the Determining Official will mark the Homeless/Migrant checkbox. The district homeless/migrant liaison or the Determining Official will complete the Approval and Eligibility Determination, sign and date the application. Retain information to document homeless/migrant/runaway status.

**Determining Official Signature Line:** The Determining Official makes the initial eligibility determination and will sign and date the application. For schools, the effective date is the date the Determining Official has made the eligibility determination. For CACFP, the effective date is the first day of the month in which the application was approved or the first day the child receives care, whichever is later.

**Confirming Official Signature Line:** NOTE: THIS APPLIES TO SCHOOLS ONLY. The Confirming Official reviews all applications selected for verification prior to conducting any other verification activity and checks the accuracy of the initial eligibility determination. The Determining Official and the Confirming Official cannot be the same person. Once the confirming reviews are completed, the Local Education Agency (LEA) will proceed with verification if the initial determination was correct. If the initial determination was incorrect, and the status changes from reduced price to free the LEA makes the increased benefits available immediately, notifies the household of the change in benefits; and verifies the application. If verification reduces the level of benefits (from free to reduced price or paid), the household is sent a notice of adverse action. If the status changes from free to reduced price based on the Confirmation Review, the LEA does not change the child’s status; and verifies the application. If the child’s free status is verified, the LEA does not notify the household. If the child’s status changes from free to either reduced price or paid, the household is sent a notice of adverse action. If based on the Confirmation Review, the status changes from free or reduced to paid the LEA immediately sends the household a notice of adverse action; does not verify the application; selects an similar application and follows the confirmation review procedures for the newly selected application. Review the Verification section of the Eligibility Manual for School Meals for additional information on the process.

**Follow-up Official Signature Line:** NOTE: THIS APPLIES TO SCHOOLS ONLY. There is a formal follow-up requirement for households that fail to respond to the initial request for verification. The Follow-up Official may be the same person as the Determining Official or the Confirming Official. The Follow-up Official must make at least one attempt to obtain the necessary verification from the household. The attempt may be made through the mail, by telephone, by e-mail, or personal contact. The LEA must document any attempts and the results, if any. If the LEA is unable to verify the household’s eligibility status after the follow-up attempt(s), the household’s benefits must be terminated. The LEA may contract with a third party to assist with the required follow-up activity. Any third party is subject to the confidentiality requirements outlined in the current regulations. Review the Verification section of the Eligibility Manual for School Meals for additional information on the process.

# Iowa Eligibility Application

Complete one application per household. Each foster child is a household of one.

**FFY 10-11**  
**School Year 10-11**

**Part 1. Check all applicable boxes:**

<input type="checkbox"/> school meals	<input type="checkbox"/> children in center	<input type="checkbox"/> children in home child care (HP)
<input type="checkbox"/> special milk (restrictions apply)	<input type="checkbox"/> Tier I home provider (HP)	Provider name: _____
<input type="checkbox"/> foster child (ONE APPLICATION PER CHILD)	<input type="checkbox"/> Head Start/Even Start	

**Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Number.**

List name(s) of all enrolled child(ren) in your household. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).

<b>Ethnicity:</b> H=Hispanic or Latino, N=Non Hispanic or Latino	<b>Race:</b> A=Asian B=Black or African American I=American Indian or Alaska Native P=Native Hawaiian or other Pacific Islander W=White
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**FIP or Food Assistance Eligible: Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX, FIP card number and EBT card numbers are not acceptable.**

**Name of household member(s) with Case Number \_\_\_\_\_ List Case Number \_\_\_\_\_**

Last Name	First Name	Middle Name or Initial	Check box for FOSTER child <input type="checkbox"/>	Date of Birth	Grade	OPTIONAL		Name of School/Head Start/Child Care Center
						ETHNICITY	RACE	
1.								
2.								
3.								
4.								
5.								

**Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2.**

Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side.

List the names of everyone living in your household, including the children listed in Part 2. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.

Last Name	First Name	Age	Income NO	Check if	Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income Received.			
					Gross amount received weekly	Gross amount received every 2 weeks	Gross amount received twice a month	Gross amount received monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA	All other income	
1.				<input type="checkbox"/>								
2.				<input type="checkbox"/>								
3.				<input type="checkbox"/>								
4.				<input type="checkbox"/>								
5.				<input type="checkbox"/>								
6.				<input type="checkbox"/>								

My Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number.  
 If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. Foster parents completing this application for a foster child are not required to provide their Social Security Numbers. For all other applicants, providing Social Security Numbers is voluntary. **See Privacy Act Statement in the parent letter.**

**Part 4. Certification and Signature. REQUIRED OF ALL APPLICANTS.**

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted.

Signature of Adult Completing Form \_\_\_\_\_ Printed Name of Adult Completing Form \_\_\_\_\_ Date Signed \_\_\_\_\_

Address of Adult Completing Form \_\_\_\_\_ Town \_\_\_\_\_ ZIP Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Part 5. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12  
 Household Income: \$ \_\_\_\_\_  Weekly  Every 2 Weeks  Twice Monthly  Monthly  Annually Household Size \_\_\_\_\_

Application Approved:	<input type="checkbox"/> Income	<input type="checkbox"/> Foster Child (income)	<input type="checkbox"/> FIP/Food Assistance	CACFP HP ONLY: <input type="checkbox"/> Tier 1 Area (Provider's own children) <input type="checkbox"/> Tier 1 Income (All children) <input type="checkbox"/> Tier 1 Child (Tier 2 mixed)
Eligibility Determination:	<input type="checkbox"/> Head Start	<input type="checkbox"/> Temporary Approval (zero income) expires in 45 days on (Mo.) _____ (Day) _____	<input type="checkbox"/> Homeless/Migrant (Schools only)	
Application Denied:	<input type="checkbox"/> Free Meals	<input type="checkbox"/> Reduced Price Meals	<input type="checkbox"/> Free Milk	
	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Over income limits		

Determining Official Signature _____	Effective Date _____
Confirming Official Signature (Schools only) _____	Date _____
Follow-Up Official Signature (Schools only) _____	Date _____

**hawk-i /Medicaid Information Form: Read this information and sign if you do not want your name released to hawk-i or Medicaid.**

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now requires schools to share your free and reduced price meal eligibility information with Medicaid and hawk-i, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and hawk-i can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the hawk-i program. It will not affect your children's eligibility for free and reduced price meals. If you do NOT want your information shared with Medicaid or hawk-i, you must tell us by completing the information below at the time you complete this eligibility application. If you want further information, you may call hawk-i at 1-800-257-8563.

**I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or hawk-i. Also, if you are already receiving Medicaid or hawk-i, please sign below. This will avoid another contact.**

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School/Child Care/Head Start Center: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Self-Employment Income Worksheet: This worksheet will assist you in calculating the amount to report if you engage in farming, are self employed or have income from other sources.**

Persons who are engaged in farming or who operate other types of private businesses may experience variations in cash flow or monthly income throughout the year. These persons may use their income tax records from the preceding calendar year as a basis for applying for the free and reduced price meals. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. USDA **DOES NOT** recognize income the same way as IRS. USDA does not permit a loss from a business venture to off-set earnings from wages or salary. Though your business may have suffered a net operational loss, for purposes of this application, it is not possible to have a negative income. **The least self employed income possible is zero (no income).** For example, if you operated a business at a net loss but held another job where you received wages, your income for purposes of applying for free or reduced price meals would be the income from your wages only. The loss from the business cannot be deducted from the amount of the income earned in the other job.

A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free and reduced price eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income in Part 3 of the application.

**The least income possible is zero (no income).**

**Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.**

Line 12 - Business income or (loss)	\$	
Line 13 - Capital gain or (loss)	\$	
Line 14 - Other gains or (losses)	\$	
Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$	
Line 18 - Farm income or (loss)	\$	
Total		\$ _____
Total ÷ 12*		= _____

\*Enter amount in the "All Other Income Last Month" column in Part 3 on the front of the Iowa Eligibility Application. **The least income possible is zero (no income).**